

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for a Taxi Certificate
from Diamond Dave Taxi LLC.
D.B.A. Aiken Taxi Cab

RECEIVED

APR - 1 2011

ORS
T.T.W.W.W

(Please type or print)

Submitted by: David ShamdenAddress: 1696 Richland Ave S.
Aiken, S.C. 29801Telephone: 803 - 640 - 9441

Fax: _____

Other: _____

Email: Info@aikentaxi.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input checked="" type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input checked="" type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: _____ |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

228996

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET 2004-339-T
NUMBER: ~~2004-339-T~~

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

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Please

MAILED
APR 11 2011
PUBLIC SERVICE COMMISSION

CLASS C AMENDMENT FORM

File the original with:

Public Service Commission of South Carolina
 Clerk's Office
 Motor Carrier Matters
 P.O. Box 11649
 Columbia, S.C. 29211
 (803) 896 - 5100
 FAX (803) 896-5199

Mail or fax a copy to:

S.C. Office of Regulatory Staff
 Transportation Department
 1401 Main Street, Suite 900
 Columbia, S.C. 29201
 (803) 737-0578
 FAX (803) 737-0815

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APR 1 2011

DATE: April 1, 2011

T.T.W.W.W.

I have the following Certificate:

☒ Class C Taxi # 7519 ☐ Class C Charter # _____ ☐ Class C Charter Bus # _____
☐ Class C Non-Emergency # _____

Please consider this as my request for the following amendment(s) to my Certificate:

☒ Name Change

From: Aiken Taxi Service L.L.C. DBA: _____
 (Current Name) (Current DBA if applicable)

TO: Diamond Dave Taxi LLC DBA: Aiken Taxi Cab
 (New Name) (New DBA if applicable)

☐ Scope of Authority
 From: _____ To: _____
 (Current Scope) (New Scope)

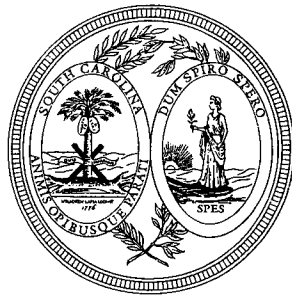
☐ Passenger Limit
 From: _____ To: _____
 (Current Limit Number) (New Limit Number)

Diamond Dave Taxi LLC, DBA 1696 Richland Ave S
 Name & DBA if DBA is applicable Aiken Taxi Cab (Street and/or Mailing Address)

Aiken S.C. 29801 David
 (City, State, Zip Code) (Signature)

803-640-9441 David Shumblen Owner
 (Telephone Number) (Title) Owner, President, etc.

The State of South Carolina



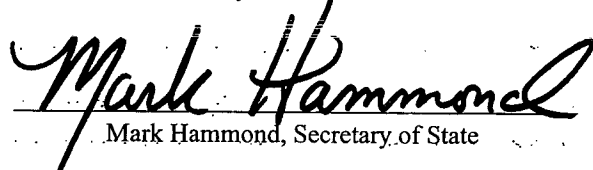
Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

DIAMOND DAVE TAXI, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on February 9th, 2011, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
9th day of February, 2011.


Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THE OFFICE

STATE OF SOUTH CAROLINA
SECRETARY OF STATE
ARTICLES OF ORGANIZATION
Limited Liability Company – Domestic
Filing Fee - \$110.00

FEB 09 2011

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws §33-44-202 and §33-44-203.

1. The name of the limited liability company (Company ending must be included in name*)

Diamond Dave Taxi C.C.C.

*NOTE: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C." or "LC". "Limited" may be abbreviated as "Ltd.", and "company" may be abbreviated as "Co."

2. The address of the initial designated office of the limited liability company in South Carolina is

1696 Richland Ave E.

Street Address

Aiken

City

S.C.

29801

Zip Code

3. The initial agent for service of process is

David Shambler

Name

[Signature]

Signature of Agent

and the street address in South Carolina for this initial agent for service of process is

1696 Richland Ave E.

Street Address

Aiken

City

S.C.

29801

Zip Code

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a) David Shambler

Name

1696 Richland Ave E.

Street Address

Aiken

City

S.C.

State

29801

Zip Code

(b)

Name

Street Address

City

110209-0118

FILED: 02/09/2011

DIAMOND DAVE TAXI, LLC

Filing Fee: \$110.00 ORIG



Mark Hammond

South Carolina Secretary of State

lina
2009

Name of Limited Liability Company Diamond Dave Tax LLC.

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____

6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a) David Sheambler
Name
1696 Richland Ave E
Street Address
Aiken S.C. 29801
City State Zip Code

(b) _____
Name

Street Address

City State Zip Code

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under §33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time.

9. Any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

David Sheambler
Signature of Organizer

Feb 9, 2011
Date

Signature of Organizer

Date